STATEMENT OF

FORM 1	ORGANIZATION (See instructions)	Office use only
NAME OF COMMITTEE (in	(Check if name Example: If typying, type over the lines	12FE4M5
Perennial Stra	tegy PAC	
ADDRESS (number and	Suite,225	
(Check if address is changed)	Washington	DC 20004 _
	CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MA	L ADDRESS (Please provide only one e-mail address)	
(Check if address is changed)	info@perennialpac.org	
COMMITTEE'S WEB	PAGE ADDRESS (URL)	
(Check if address is changed)	www.perennialpac.org	
2. DATE 0.8		
3. FEC IDENTIFICA	TION NUMBER C C00398909	
4. IS THIS STATEM	ENT X NEW (N) OR AMENDED (A)	
I certify that I have exami	ned this Statement and to the best of my knowledge and belief it is true, correct an	d complete
Type or Print Name of	Treasurer Lamell J. McMorris	
Signature of Treasurer	Electronically Filed by Lamell J. McMorris	Date 08 / 20 / Y Y Y Y Y Y Y
NOTE: Submission of fa	se, erroneous, or incomplete information may subject the person signing this State ANY CHANGE IN INFORMATION SHOULD BE REPORTED V	•
Office Use Only	For further information of Federal Election Commiss Toll Free 800-424-9530	